

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small> </div> <div style="text-align: center;"> <small>SERIAL NO.</small> 09986155 </div> <div style="text-align: center;"> <small>FILING DATE</small> </div> </div>						
<small>APPLICANT(S)</small>						
CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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3						
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TOTAL IND.	82					
TOTAL DEP.						
TOTAL CLAIMS	100					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						